Office of Care Coordination
VHA Telehealth

NEWSLETTER

November 24, 2004 Volume IV Issue III

Nat'l Meeting Set for April 2005

VHA's Office of Care Coordination is pleased to announce that the second annual national VHA Care Coordination & Telehealth Leadership Forum will take place Tuesday through Thursday (noon) April 5th—7th in Salt Lake City, UT; with pre-conference introductory training short courses offered on Monday afternoon April 4th.

This meeting will be special since it marks the first face-to-face gathering since all 21 VISNs have implemented Care Coordination across the VHA.

The meeting program is still being finalized but current plans are to include presentations on:

- VHA current and future healthcare needs and how care coordination and telehealth can help meet those needs
- VHA outcomes data demonstrating positive effects of care coordination and telehealth on access to care as well as the costs

2005 Meeting Site: Little America Hotel—Salt Lake City

- Strategic planning for VISN care coordination and telehealth program
- Current state of VHA and non-VHA telehealth
- VHA collaborations with Federal Partners

New Features for MyHealtheVet

VHA's MyHealtheVet program's Web site celebrated its first anniversary on Veterans Day by introducing a new 'Personal Health Record' feature that allows veterans to record information about emergency contacts, health care providers, health insurance, and military service. The PHR will also allow veterans to track medical events, such as tests or allergic reactions, and readings for blood pressure, blood sugar, cholesterol, heart rate, temperature, pain and weight. Also added is a 'Learn About' feature that will lead veterans to information on a variety of health education topics and computer resources. **What's Next?** New features coming Spring 2005 include on-line prescription refills and viewing of appointments and co-payment balances.
Learn more at: ***www.health-evet.va.gov***

IN THIS ISSUE:

Office of Care Coordination
Raising the Bar in FY 2005

By Adam W. Darkins, MD

In FY2005, care coordination is going to raise the bar to help VHA meet the challenges of delivering care to veterans at both ends of the age spectrum. Access to services for elder veterans with chronic diseases such as diabetes, heart failure and post-traumatic stress syndrome are improved by care coordination and the emphasis on the home as the preferred place of care. Telehealth in the form of real-time videoconferencing is of benefit to veterans returning from combat in operations Iraqi Freedom and Enduring Freedom; These veterans can receive care close to home in community-based outpatient clinics (CBOC's) and local medical centers instead of having to remain in large specialist centers. VHA's strategic approaches to the care of the elderly, those with mental illness and those with both problems of aging and mental illness are presenting challenges to VISNs that are eminently suitable to care coordination.

Adam Darkins, MD

is the Chief Consultant for VHA's Office of Care Coordination & VHA's Telehealth Strategic Health Care Group

VHA's definition of care coordination is "the wider application of care and case management principles to the delivery of health care services using health informatics, disease management and telehealth technologies to facilitate access to care and improve the health of designated individuals and populations with the intent of providing the right care in the right place at the right time." This marriage of telehealth, health informatics and disease management with care and case management enables clinicians to re-engineer the care they deliver around these technologies. Raising the bar means that, as always when it comes to performance, the devil is in the details. The details in question being the clinical, technical and business challenges that delivering robust sustainable services presents.

This marriage of telehealth, health informatics and disease management with care and case management enables clinicians to re-engineer the care they deliver around these technologies.

Our 2005 Care Coordination/ Telehealth Leadership Meeting is therefore of particular importance. The vision for the meeting is very exciting. VISN groups involved in general telehealth, care coordination/ home-telehealth, tele-mental health, tele-rehabilitation, tele-endocrinology and working with the Indian Health Service will all be congregating at the meeting. The work of these various communities of interest that are at different stages of development will be presented. The intent of the meeting is to give these VISN attendees the knowledge and tools to provide input from a care coordination perspective into their VISN strategic plans. The meeting will culminate in work groups presenting outline strategic plans for telemental-health, tele-rehabilitation, tele-endocrinology and collaboration with the Indian Health Service.

Attendance at the Salt Lake City meeting will be limited because of budgetary constraints. OCC, in partnership with the Employee Education System (EES) has put on a virtual telehealth meeting each year to complement the face-to-face meeting. This year the face-to-face meeting and the

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VHA TELEMENTAL HEALTH
Quarterly Update

By Linda Godleski, MD

Here's what's new with VHA Telemental Health this quarter:

--**New and expanding telemental health programs to CBOC's** are enabling facilities to provide increased general and specialty mental health services, in accordance with this year's new CBOC mental health performance measure.

--**Exciting coding news!** Telemental health to the CBOC's, vet centers, and other facilities will be coded identically to other similar telehealth services using 690, 692 and 693 secondary codes. Detailed guidelines will be forthcoming for mid-year implementation.

--Telemental Health Inventory and Program Profiles are being compiled. Detailed information will be posted on our Website.

--VHA Telemental Health Field Work Group VISN representatives will meet at the 2005 VHA Care Coordination and Telehealth Leadership Forum April 5-7th in Salt Lake City. (*Please see Cover Story on page 1*.)

They will be developing strategic plans for telemental health within the VA.

A preliminary subgroup planning meeting will be held in December.

Dr. Linda Godleski is the Lead for VHA Telemental Health as well as Associate Chief of Staff for Education at the VA Connecticut Health Care System.

Office of Care Coordination Raising the Bar (Continued)

(Continued from page 2)

virtual meeting will take place at the same time. The essence of the Care Coordination Telehealth Leadership Meeting will be provided in a series of five 90-minute broadcasts on the VA Knowledge Network (VAKN). This will mean that others involved in telehealth from a clinical, technical, and business perspective will be able to view a distillation of what the VISN leads in the various telehealth areas are grappling with. When these VISN leads return energized to raise the bar for care coordination back in the VISN, whether from a telehealth, health informatics or disease management others in the VISN will be on the same page.

Training is such an important aspect of developing care coordination services. The people processes are a key ingredient. The first Care Coordination Training Center that is a collaboration between VISN 8 and VISN 1 is due to be supplemented by 3 new national training centers:

A Tele-Retinal Imaging/General Store-and-Forward Training Center in Boston

A Center for Patient Education/Rural Telehealth linked with a Virtual Link to EES in St Louis

A Center for Health Informatics/General Telehealth with a Virtual Link to EES in Salt Lake City

The ongoing partnership between OCC and EES to develop the skills and competencies of staff is how the bar will be raised. So whether in person at Salt Lake City or virtually, on VAKN, we look forward to re-affirming our commitment of the various communities of interest in VHA involved in developing care coordination.

Care Coordination Home Telehealth CCHT National Training Center

Sunshine Training Center Roundup

By Rita Kobb, MN

Training Center Director

Two major updates this quarter from the Sunshine Training Center. The first update is that the third course in the required national core curriculum: ***Technical Operations***, is now available on-line at the Employee Education System (EES) Learning University. This course can be accessed, by VHA Staff, through the Office of Care Coordination intranet site at http://vaww.va.gov/occ or directly from EES http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=18916. This course covers all aspects of home telehealth and important issues related to the use of this technology.

The Training Center would like to acknowledge the following content experts for their contributions to the *Technical Operations* Course:

Woody Levin—VISN 1
Dr. Joe Erdos—VISN 1
Carla Anderson—VISN 11
Dan Maloney—VHA CIO
Rita Kobb—Sunshine Training Center
Robert Lodge—Sunshine Training Center
Lorraine Pellegrino—UC Davis Center for Technology

We continue to need volunteers to serve as content reviewers to meet accrediting agencies' requirements for continuing education. We are especially looking for representatives who are physicians, psychiatrists/psychologists, pharmacists, social workers, dietitians, and nurses. If you or someone on your team is interested please contact me: Rita.Kobb@med.va.gov or 386-754-6437

We… ...need volunteers to serve as content reviewers

The second update is that the Training Center staff, in collaboration with the University of Florida's Center for Telehealth and Healthcare Communications, gave a presentation in November (see photo below) on VHA's commitment and progress on the rollout of care coordination and home telehealth nationally. Attendees at this presentation were from several colleges within the University including, Medicine, Nursing, Pharmacy, Dental, and Health Professions.

Training Center staff discussed the OCC's strategies for implementation and also gave attendees a chance to see the technologies being used. In addition participants learned about the national training center and its mission.

COMING SOON: Clinical Operations Course, Executive Overview Course, and Business & Coding Module…***Watch for Our Announcements***

Sunshine Training Center's Robert Lodge discusses VHA's CCHT plan at the University of Florida

Upcoming Conferences

Second Annual

Care Coordination & TeleHealth

Leadership Forum

Salt Lake City

April 5th-7th 2005*

*** Optional Short Courses Monday Afternoon April 4th , beginning at 1PM**

Complete Details OnLine soon at http://www.va.gov/occ/Conferences.asp

Knowledge NETWORK Knowledge NETWORK Knowledge NETWORK

1. Coming Thursday December 16

CARE COORDINATION/TELEHEALTH

Care Coordination & QUERI

Clinical & Research Partnership for Evidence-based Practice

Thursday December 16 (2PM Eastern) CH 1

Taped Rebroadcasts
Monday—December 20—3.30 PM Eastern
Wednesday—December 29—10 AM Eastern
Tuesday—January 4—5 PM Eastern

2. Coming Thursday February 3

CARE COORDINATION/TELEHEALTH

VHA Teledermatology

Thursday February 3 (1PM Eastern) CH 1

Taped Rebroadcasts
Tuesday—February 8 —3 PM Eastern
Thursday—February 24—9 AM Eastern
Monday—February 28 —1PM Eastern

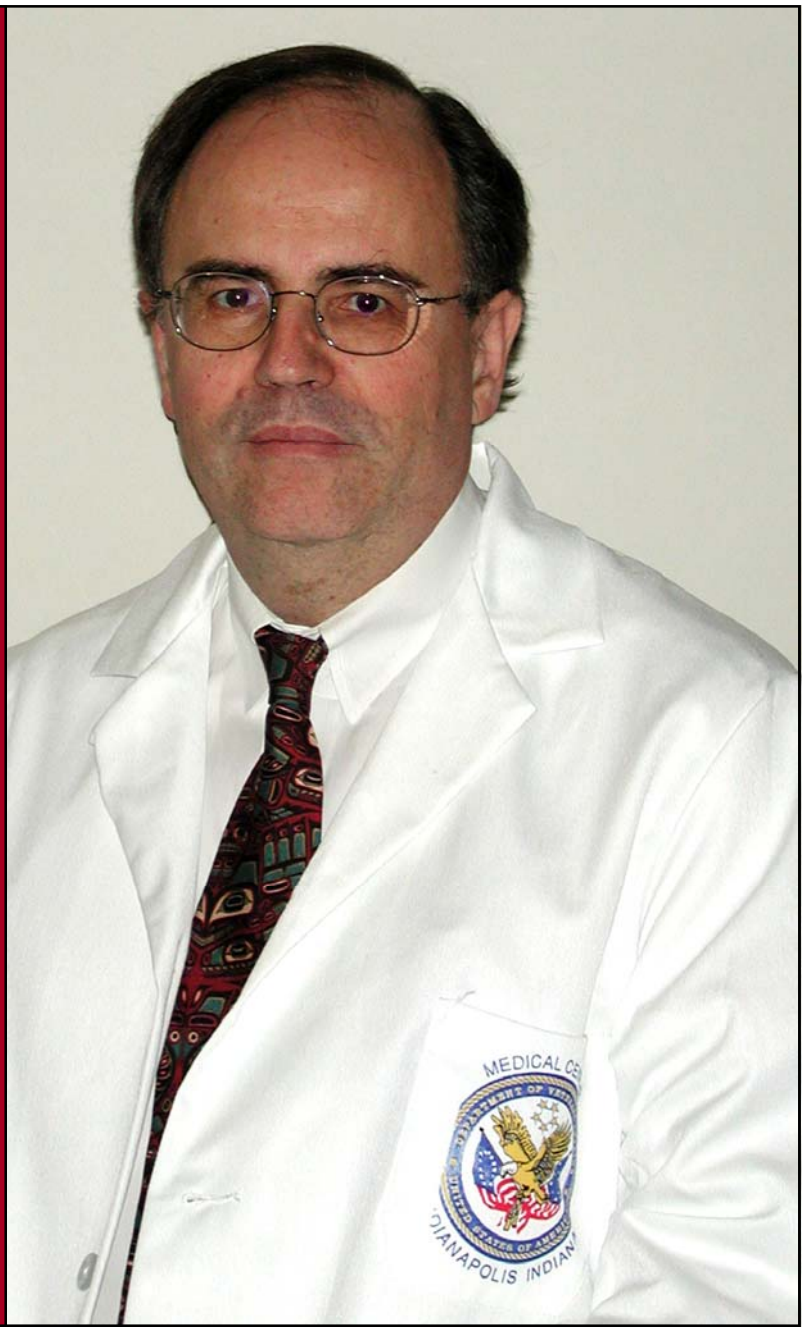
Knowledge NETWORK Knowledge NETWORK Knowledge NETWORK

VA Employees may see complete program details in the

Employee Education System Learning Catalog vaww.sites.lrn.va.gov/vacatalog/

VHA Telehealth Trailblazers

PETER WOODBRIDGE on VISN 11 Care Coordination & Telehealth



With a background that includes medical informatics, **Dr. Peter Woodbridge** joined the VA Medical Center in Indianapolis in 1998, just as VISN 11 began to invest in home telehealth programs to improve patient care and service. Since that time, he and his telehealth colleagues have created innovative programs throughout VISN 11, including the use of home telehealth equipment to augment everything from **palliative care** to post stroke **speech pathology**, as well as support for **dementia** patient caregivers. In 2002, Dr. Woodbridge led the creation of VISN 11's Care Coordination effort, which is currently poised to begin an **anticoagulation** study… ...and he has telehealth interests **beyond home telehealth** as you will read in the interview beginning on page 8

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VHA Telehealth Trailblazers

John Peters: *Dr. Woodbridge, I know you have a lot of daily responsibilities out in Indianapolis and around VISN 11, so, first off, I want to thank you for taking the time for this interview.*

Peter Woodbridge: Thank you for thinking of us. I am happy to share our experiences with you.

JP: *I believe VISN 11 began it's Home Telehealth program about 5 years ago with origins as a VA Health Services Research & Development (HSR&D) grant funded program. Do I have that right? And can you give a brief overview of what your original project was and how it came into existence in Indianapolis?*

PW: Actually, we got started in telehealth through a VISN 11 grant shortly after I joined the VA in 1998. Our Network Director, Linda Belton, put forth an RFP for projects to improve patient care and service. We were highly successful in that we were awarded grants to create a Women's Clinic and to purchase equipment to start a telehealth program. At that time, the only commercially available equipment was for video tele-homecare visits. Our initial efforts focused on improving homecare visit efficiency.

...creativity and innovation thrive in an environment that encourages individuals to seek novel solutions to chronic problems, that encourages teamwork and collegiality, and where management acts as facilitators and enablers.

We quickly realized that there was little scientific evidence to inform us as to how best to structure such a program. I initiated discussions not only with David Smith, a gerontologist researcher in Indianapolis, but also with Faith Hopp and Julie Lowery, HSR&D researchers, at the Ann Arbor VAMC. We developed a research proposal that was subsequently funded by VA HSR&D.

JP: *I remember back in Fiscal Year 2000 our office was supporting a home telehealth pilot with geriatric patients through Dr. Faith Hopp at the Ann Arbor, VAMC, also in VISN 11. So, I take it you were both aware of each other's work, but did the Indianapolis of Ann Arbor group have any vision then for what home telehealth could become in VISN 11, or the VHA?*

PW: Faith and I collaborate extensively. We are now looking at outcomes of our first year's experience using non-video messaging and monitoring devices (M&MD) and comparing them to standard case management. We are writing an article for publication describing our tele-palliative care experience.

I was a believer of the potential of telehealth from day one. I am particularly fond of a statement that I heard at the American Telemedicine Association (ATA) annual meeting several years ago when the speaker compared telemedicine to genomics in its potential for transforming healthcare delivery in the 21st Century.

Faith Hopp and Julie Lowery, as true scientists, are more sanguine. They keep me intellectually honest by challenging me to provide them with data and evidence. I believe that this is a good and necessary. Without good evidence, we risk being ineffective.

JP: *VISN 11 has done some pretty trailblazing telehealth care with speech pathology and dysphagia (swallowing problems) with post stroke patients. How did you figure out that was even possible?*

VISN 11 Trailblazers

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PW: I believe strongly that creativity and innovation thrive in an environment that encourages individuals to seek novel solutions to chronic problems, that encourages teamwork and collegiality, and where management acts as facilitators and enablers. The VISN 11 Telehealth program is modeled on these principles.

I have the good fortune of working with many talented and creative people in our VISN. Our most innovative programs such as tele-speech and tele-palliative care came about because caring and committed providers and care managers such as Kathleen Kruger and Carol Jordan came to me and said – "Gee, I think telehealth could help my patients. What do you think?" After some focusing discussions, we committed to developing their ideas. The rest was hard work by the originator and others on the VISN 11 Telehealth Team.

I want to emphasize that the innovation and successes of the VISN 11 telehealth program are the result of a team effort. Specifically, our "trailblazers" are: Wendy Hamlin at the Battle Creek VAMC; Amber Mason-Dixon at the Detroit VAMC; Patsy Green and Penny Revell at the Illiana VAMC; Carla Anderson, Jessica Baxter, Judy Birt, Wendell Chinn, Betty Dameron, Rita Davis, Lisa Hischemiller, Susan Jones, Carol Jordan, Lydia King, Kathleen Kruger, Rebecca Pease, Gayle Redmon, and Shirley Russell at the Indianapolis VAMC; Patricia Campbell and Charlotte Hanley at the Northern Indiana Health Care System; Bud Cooper at the Toledo CBOC; and Martha VonBank at the VISN 11 office.

Proof of concept relies on early-adopter champions; wide scale adoption requires convincing late-adopter and skeptics.

JP: *And what has Home Telehealth become in VISN 11 in the past 5 years? Can you briefly describe VISN 11's approach to Care Coordination, the scale and scope of your current program, and your plans for the next year or two? I am vaguely aware of HBPC and Mental Health elements in VISN 11 Care Coordination? Are there others?*

PW: Our home telehealth program continues to expand. We currently have an active census of 332 patients. We have enrolled 723 veterans since we received our funding. We hope to continue expanding by adding additional programs and by expanding existing programs at sites that have not reached their full potential.

We are in the final stages of implementing a home tele-anticoagulation monitoring program. The patient management algorithms are complete; we are in the process of correlating home PT/INR (*Prothrombin Time/International Normalized Ratio*) results with lab monitored values.

Likewise, we are finishing up a dementia telehealth program directed at supporting the caregiver rather than the patient. It will complement our existing home care caregiver support programs such as volunteer respite and home-health aides.

Perhaps our most intriguing new program is the UHHMS program (unobtrusive home health monitoring system) that is directed at supporting aging in place of veterans living alone who are unable or unwilling to interact with more usual telehealth technology. We have just started analyzing the data from our first 18 homes.

JP: *I would like to learn more about that after your analysis is complete. But for now, I can't ask about Care Coordination without asking about outcomes data or business case data? What has been VISN 11's experience with outcomes data?*

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PW: Like the VISN 8 experience, we have seen dramatic reductions in health care utilization for patients enrolled in telehealth. For example, we saw a 66% reduction in DSS (*Decision Support System*) quantified inpatient costs for the first 15 patients we enrolled in our telehealth program. Interestingly, unlike the experience of other programs, we also saw a significant decrease (21%) in clinic visits. We attribute this difference to our use of primary care based APN (*Advanced Practice Nurse*) care managers. Like others, we see improvements not only in cost and utilization but also clinical outcomes. In a review of 45 diabetic patients, we saw an average improvement in HgbA1C of 2%. We also see high patient satisfaction scores.

JP: *No doubt you and your team have witnessed a lot of positive home telehealth experiences over the last few years, but have there been any valuable (difficult) lessons learned you can share for others VISNs just starting up?*

PW: There are two big challenges to starting up a telehealth program – the first is in going from proof of concept pilots to generally accepted care and the other is in obtaining sufficient resources to sustain the program.

We found it relatively easy to set up pilots. The challenge came when we completed the pilots and wanted to expand them to all sites. Proof of concept relies on early-adopter champions; wide scale adoption requires convincing late-adopters and skeptics. My advice to others is to initiate dialogue with stakeholders that are likely to resist change early in the deployment cycle. Find out what are their specific concerns. Address these concerns through consensus building and specific data gathering when possible; negotiate around these barriers if not. Avoid coercion as the short term gains are often offset by long term resistance and mistrust.

Our most serious tactical error was to underestimate the personnel requirements to sustain a care coordination / home telehealth program. When we set up our program, we assigned telehealth care management duties to existing staff. Although this was adequate for the pilot implementations, we did not have a clear plan for translating telehealth cost avoidance from reduced utilization into commitments for additional staff. As a result, our program got stuck on a plateau of about 320 patients. We are now negotiating for additional resources but are finding that we are competing with many other priorities.

JP: *This is my favorite question to ask in an interview: Can you pick one episode or one story about a veteran with home telehealth that made you really appreciate the value of telehealth?*

PW: My favorite telehealth care story concerns one of our tele-palliative care patients. This particular veteran was one of our first tele-palliative care patients. As with most of the tele-palliative care patient, he had terminal cancer. Both he and his family expressed a strong interest in him dying at home. The palliative care team and his oncologists felt that they could manage his pain and other symptoms in his home. There was only one problem – he did not have a phone. In an amazing community effort, the care manager working with local veterans' service organizations (VSO) and the phone company was able to obtain phone service in record time. As a result, we were able to support him in his home. He died at home, in comfort, surrounded by his family.

I love this story for several reasons –

- It illustrates the interdependencies and importance of teamwork in telehealth. We could not have met this patient's wishes if clinicians, home caregivers, VSO, and the phone company had not all worked together.

VISN 11 Trailblazers

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- It illustrates Margaret Mead's statement "Never underestimate the power of a few committed people to change the world." If our care manager and the VSO had not been committed to taking care of the patient in his home, we would have not been able to meet the veteran's wishes.
- It illustrates that telehealth can help us meet our wishes to die in our homes, in comfort, surrounded by family rather than alone in an Intensive Care Unit (ICU) or nursing home.

JP: *As far as telehealth, I think of you as personally focused on home telehealth. First is that true? And second, do you get involved with other VA Indianapolis or VISN 11 telehealth programs?*

PW: My interest is wider than home telehealth. I am interested in using technology to implement Edward Wagner's Chronic Disease Model. I believe that telehealth is a means for creating and supporting "informed, activated" patients and for enhancing their communication with "prepared, proactive, practice teams." Other technologies support other parts of his model.

In addition to home telehealth, I am involved in a number of VISN 11 telemedicine initiatives. I facilitated a tele-eye initiative at the Indianapolis VAMC and CBOC for diabetic eye screening. Leveraging VistA Imaging capabilities and features of CPRS, we were able to take diabetic eye exams to primary care clinic point of care as an advanced clinic access initiative. The net result was not only a significant reduction in eye clinic waiting time (from 55 days to 12 days) but also an improvement in diabetic eye exam screening rate.

We are currently piloting a teledermatology initiative not only to reduce waiting times by shaping demand but also by providing asynchronous support to nurse practitioners in outlying facilities.

JP: *How did you personally become interested in telemedicine/telehealth?*

PW: I have a background in medical informatics. I have an abiding interest in using medical informatics to transform the healthcare delivery model for chronic diseases. Telehealth is a logical extension of that interest.

JP: *Telehealth crosses a lot of boundaries within a health care delivery system and some VISNs have established a dedicated VISN Telehealth Coordinator and a formal Telehealth Committee to link the clinicians with the OI technologists with the administrative workload coders with the credentialing staff, et al – while others use a more ad hoc approach. I know VISN 11 formed one of the first VISN-wide Telehealth Committees. How would you characterize your VISN's approach?*

PW: As I have indicated previously, the VISN 11 Telehealth Team is founded on the principles of innovation, teamwork, and facilitation. As our business needs have changed, so has the team composition. We now include DSS and Prosthetics staff. We are probably at the point where we need a full-time, dedicated coordinator and perhaps administrative support. We are seeking expansion of care management staff at our sites.

JP: *Finally, what are you working on now or looking forward to the most in VISN 11?*

PW: I am looking forward to building on the strong foundation of our current program. I look forward to further expansion and growing sophistication of our programs – not only in VISN 11 but nationally. We have proved that we can "do" home telehealth care coordination. The next step is for us to refine our models and systems so that it they become more patient-centric with patients receiving the approach to care management that best meets their individual needs and capabilities.

VHA TELEREHABILITATION:

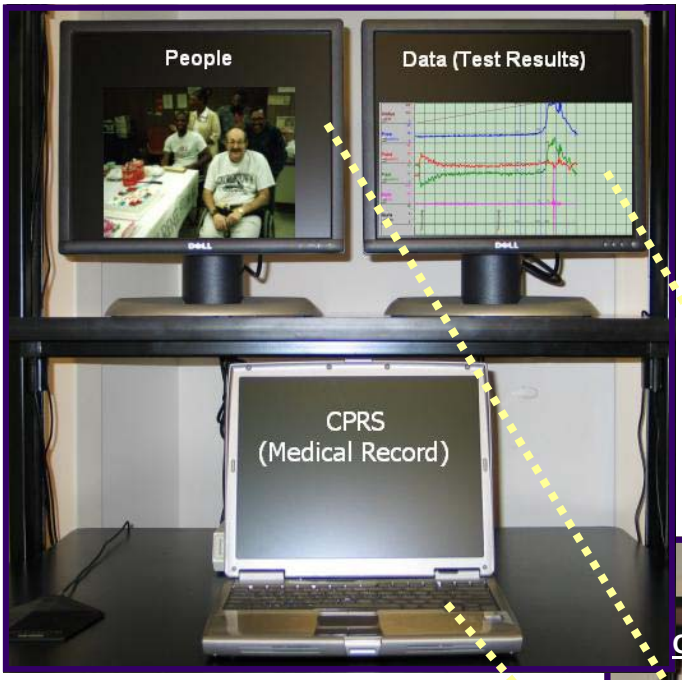
VISN 10 Emerging Technologies' Networked Care for SCI/D

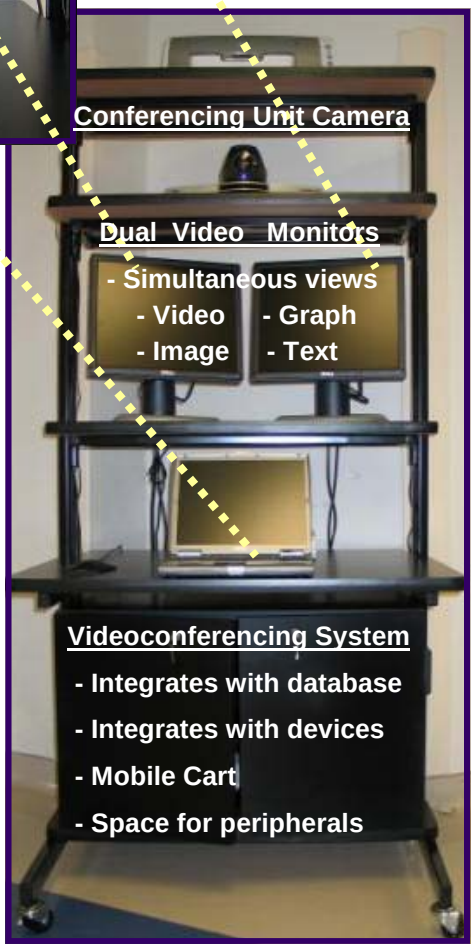
By Christine Woo, MS

Dr. Chester Ho and Dr. Graham Creasey, staff physiatrists at the Cleveland VAMC, are developing a program that uses expertise in the regional Spinal Cord Injuries/ Disorders (SCI/D) unit to care for veterans in referring clinics across Ohio. The telemedicine program utilizes a videoconferencing system designed to integrate with network databases and specialized medical devices, including urodynamic and pressure mapping systems. Simultaneous transmission of text or picture files and video images, allows providers at both ends to view and discuss digital images and diagnostic test results. The project aims to impact clinical care by expanding patient access, improving patient satisfaction, increasing educational interactions among providers, and reducing the amount and cost of travel for outpatient evaluations and inpatient admissions.

An assessment identified the need for three specialty tele-consultation clinics: skin wound, wheelchair, and urology. Patients with complex urological issues such as neurogenic bladder and sexual function, can be assessed in outpatient clinics. Urological evaluation results and treatment recommendations are discussed between referring and consulting physicians. Preventative management and treatment of wounds involves real time, clinic-based tele-consultation, and review of stored digital images taken in the home setting. Real time wheelchair evaluation includes the use of pressure mapping to assist with prescribing a wheelchair/seating system that serves to maximize patient safety, comfort and functionality.

Assessment of the program includes measures of patient and provider satisfaction, cost analysis, and evaluation of increased access. Preliminary provider and patient feedback has been positive. Providers cite the benefits of an SCI focus for specialty care, and request that the program be expanded to address other SCI issues. Future goals include expanding the videoconferencing program to include other SCI clinics and potentially primary care CBOCs in VISN10.





VISN 10 SCI Videoconferencing Team

(L-to –R) **Kath Bogie, D.Phil** *Seating System Consultant;* **Christine Woo, MS** *Project Coordinator;* **Darcey Terris, MBA** *Program Evaluation Consultant;* **Graham Creasey, MD** *Urodynamic Evaluation Specialist;* **Chester Ho, MD** *Skin Wound and Wheelchair Evaluation Specialist*

NEWSLETTER

Mission

Serve as a conduit for information sharing,

strengthen resources, and

promote community for telehealth within the VHA,

with the ultimate goal being: to provide the best quality of care to our patients despite the barriers that distance and/or time may impose.

Staff

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FeedBack

Please drop us a line and tell us what you think, or make a suggestion about content for future issues. We would love to hear from you. Please contact: John Peters on (202)273-8508 or john.peters@va.gov

Next Issue

Coming late February 2005.